

Protected characteristics of pharmacists involved in managing concerns process for 2021/22



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Executive summary

In line with our 'Delivering equality, improving diversity, and fostering inclusion' strategy, we are committed to making regulatory decisions that are demonstrably fair, lawful and free from discrimination and bias, and using all of our regulatory levers and influence to help tackle discrimination, making sure that everyone can access inclusive and person-centred care.

Through our strategy work, we're also committed to publishing more diversity data to support visibility and intelligence sharing across the pharmacy sector, to identify and monitor any disproportionate impacts on different groups, and to take steps to understand and deal with potentially discriminatory outcomes.

This report provides a breakdown of concerns raised about pharmacists by age, ethnicity and sex in 2021/22, looking specifically at concerns received and investigated, statutory outcomes of closed concerns and progression through the process.

This is **the first in a series of reports** we will produce to monitor the impact of our policies and processes as well as driving anti-discrimination work across our organisation.

About these datasets

We have focussed this report on ethnicity, sex and age because those are the most complete datasets we hold in terms of the protected characteristics. Under our EDI strategy we have made a commitment to improve our approach to our data to enable us to have more robust and consistent datasets. This work is currently in progress.

We had a limited dataset for pharmacy technicians, for whom we received a much smaller proportion of concerns in 2021/22, so were not able to include this group in this year's report.

Given the complexity of the data and the range of factors that could influence the reason for a concern being raised with the GPhC, care should be taken in drawing any conclusions based on this data alone.

Age

In terms of breakdown by age, we found an over-representation of pharmacists under the age of 25 in concerns received and under-representation in concerns received about those aged between 25-34. There was also an over-representation of pharmacists aged between 35-44 in concerns that go on to be investigated. There was no relationship between other age groups and concerns received and investigated.

There was also no relationship between age and statutory outcomes for pharmacists and no relationship between the age of the pharmacist and the stage at which concerns are closed.

Ethnicity

When compared with the register, there was an under-representation of White pharmacists in concerns received and an over-representation in concerns received about all other ethnicities with the exception of Mixed and prefer not to say. There was also an over-representation of Asian pharmacists in concerns that go on to be investigated. There was no relationship between any other ethnic group and concerns that go on to be investigated.

There was also no relationship between ethnicity and statutory outcomes for pharmacists and no relationship between the ethnicity of the pharmacist and the stage at which concerns are closed.

Sex

In terms of sex, there was an under-representation of female pharmacists in concerns received and over-representation in concerns received about males. There was a further under-representation of females and over-representation of males in concerns that go on to be investigated.

We also found an under-representation of female pharmacists and over-representation of male pharmacists receiving statutory outcomes. Overall, we found a statistically significant, but weak, association between sex and the stage at which concerns are closed.

Our work to minimise risk of bias in our regulatory processes

While we don't have control over who can raise a concern with us, within the defined legal framework we decide which concerns are investigated and what the outcomes may be. We have a duty to be open and transparent and to ensure that our procedures are actively addressing the risk of potential biases in our decision-making when managing concerns about pharmacy professionals.

We have taken forward a significant programme of work to reduce the risk of bias in our own processes, linked to our EDI and Managing Concerns strategies. This includes introducing several new Fitness to Practise process changes to identify any potential issues around discriminatory behaviour by those raising concerns and establish if a referral is being used as a retaliatory measure; consulting on proposals to strengthen decision-making guidance for Fitness to Practise committees, to help eliminate any potential discrimination in the outcomes of hearings; and providing bespoke training for decision-makers training on different forms of discrimination and prejudice.

We also launched an anonymised decision-making project for new cases considered by the Investigating Committee. This involves anonymising the registrant's name and any reference to their ethnicity and nationality within the case papers considered by the committee – this is a paper-based process. It aims to give increased confidence in the fairness of our decision-making. An analysis report will be produced once the project has been running for 12 months, in January 2024. [Read our EDI updates.](#)

Next steps

The publication of this report is an important first step in helping us understand which factors contribute towards pharmacy professionals being more likely to have a case raised against them, and whether our processes themselves contribute to disproportionate experiences.

With the vast majority of concerns to the GPhC coming from the public, there are distinct challenges about how we get to the heart of these issues. We recognise that we have more to do to understand why we are seeing over-representation of certain groups in the concerns we receive and, in some cases, those that go on to be investigated and result in statutory outcomes.

We need to carry our more work to better understand what the data is telling us and what further steps we may need to take as a regulator to ensure that our processes are effective, consistent, and fair. We will be using the data from this report as well as the feedback from our recent equality focussed roundtable events, including our Racism in Pharmacy roundtable, to identify next steps and we will be reporting on these further as the work progresses.

1. Introduction

Equality, diversity and inclusion (EDI) is central to everything that we do and is woven into our Vision 2030 and Strategic Plan 2020-2025, which set out our roadmap for the future of pharmacy regulation.

We work to assure and improve standards of care for people using pharmacy services. Our role is to protect patients and the public and give them assurance that they will receive safe and effective care when using pharmacy services. One of the ways we do that is by investigating concerns about individual pharmacists and pharmacy technicians where there may be a risk to patient safety or the public confidence in pharmacy could be affected.

In line with our aim to be an effective, consistent, and fair regulator and as part of our strategies for change on **Delivering equality, improving diversity and fostering inclusion (EDI strategy)** and the related **Managing concerns about pharmacy professionals (Managing concerns strategy)**, we have committed to do more to improve the way we collect, use and share diversity data. This will allow us to monitor the impact of any policy or procedural initiatives more effectively and plan anti-discrimination initiatives across our organisation, internally and externally.

Some of the actions we have implemented in the last twelve months to support the delivery of this strategic intention include:

- the production of a **new diversity data policy and principles**, designed to support consistency when collecting, handling and analysing data across the GPhC
- development of **new data collection projects** including a new initiative to collect diversity data from people raising concerns
- introduction of **anonymised decision-making** for new cases considered by the Investigating Committee
- implementation of **new operational guidance** on dealing with concerns about antisemitism and Islamophobia
- **changes to our recruitment processes** and **post-recruitment support** for statutory committee members, to help improve diversity
- introduction of **new fitness to Practise (FtP) process changes** to identify any potential issues around discriminatory behaviour by those raising concerns.¹

In July we shared with our Council an update on what we have done, what we are doing and what we plan to do to minimise and deal with the risk of potential biases in our decision-making when managing concerns about pharmacy professionals.² One of the actions we promised is the routine publication of diversity data in relation to stages of the concerns process. This is first of those reports.

In **section two**, we present further context explaining how we manage concerns at the GPhC and the terminology we use. The following **section three** explains what data has been used in this report, how it has been categorised and any caveats the reader should be aware of.

Sections four and **section five** present data on the protected characteristics of pharmacists for:

¹ More information on these changes is included in our **Annual EDI Report 2022/23**

² Update on minimising and dealing with the risk of potential biases in Fitness to Practise decision making **July 2022 Council meeting (pharmacyregulation.org)**

- Concerns received and investigated in 2021/22
- The outcomes of concerns that were closed in 2021/22.

Section six then goes on to explore in more detail whether there is any relationship between protected characteristic and progression through the managing concerns process.

In section seven, we provide a summary of the findings of all three analyses grouped by each of the protected characteristics of ethnicity, sex and age. The information is provided as part of the **diagram included in Figure 1**.

In the final section eight we discuss what our next steps will be and what we plan to do as a result of the findings of this report.

2. How we manage concerns at the GPhC

A concern is information that we receive about an issue with a pharmacy professional or an issue with how a pharmacy is operating. A concern can also be about an illegal practice or protection of title issue. A concern can contain information about a pharmacy professional's work or their personal life. It can involve one or multiple pharmacy professionals. It can arise from different settings, such as a pharmacy premise, an online pharmacy, a hospital, a doctors' surgery, a public place or a private residence. It can also be about a pharmacy premise or someone who is not registered with us.

A concern can be closed at different stages after it has been raised with the GPhC, as follows:

- at initial assessment
- after the investigation
- at an investigating committee (IC) meeting
- at a fitness to practise committee (FtPC) hearing.

Many concerns are closed at the first stage, called initial assessment, often with information which tells the pharmacy professional involved what they must learn from the concerns raised.

We will only investigate a concern that might call into question whether a pharmacy professional's fitness to practise (FtP) is impaired. 'Fitness to practise' is where a pharmacy professional shows that they have the skills, knowledge, character and health to do their job safely and effectively and also maintain the reputation of the profession. A pharmacy professional's fitness to practise can be impaired for a number of reasons, for example misconduct, ill-health or a conviction for a criminal offence.

Following the investigation, we may decide to:

- take no further action
- issue a letter that includes guidance about the professional's future practice
- enter into a voluntary agreement with the professional to manage the concern
- recommend that the evidence is considered by an investigating committee, or
- with the most serious concerns, refer it directly to the fitness to practise committee.

Only the most serious concerns are referred to the investigating committee or reach the fitness to practise committee. The investigating committee (IC), which meets in private, can decide to:

- take no action
- agree ‘undertakings’ with a registrant
- issue a letter of advice
- issue a warning, or
- refer the case to a fitness to practise committee for a hearing.

The fitness to practise committee (FtPC) is a panel which operates independently of the GPhC, and is usually made up of three members. The FtPC, which usually holds hearings in public, decides if a pharmacy professional is fit to practise. If it finds that they are not fit to practise, it can:

- issue a warning
- set conditions, or undertakings, that place restrictions for a period of up to three years on how the registrant can practise
- suspend them from the register for a period of up to 12 months, or
- remove them from the register.

For a flowchart summarising our managing concerns process, please [see the appendix](#).

3. About the data

Data on protected characteristics

- We currently collect data on six of the nine protected characteristics.³ Data on diversity categories for registrants is currently collected at the point of application for initial registration. Pharmacist registrants can update their diversity data when applying for annotations as an independent prescriber or if they apply to voluntarily remove from the register. The data reported here is the data that is self-declared by the registrant at the end of February 2023 that could be different from previous declarations and snapshots of the register.
- From June 2018 for pharmacists and from January 2020 for pharmacy technicians we have collected diversity data through our online initial registration applications on MyGPhC. From June 2018, the characteristic of sexual orientation was introduced as well as the option of ‘Prefer not to say’ for all diversity characteristics. While it is a requirement to complete the form on MyGPhC, applicants can decline to provide specific information by choosing the ‘Prefer not to say’ option. Where data was collected before June 2018, the category of ‘Not recorded’ is used for all diversity characteristics where the registrant chose not to declare any diversity information or if data on that characteristic was not previously collected.
- We have focussed this report on ethnicity, sex and age because those are the most complete diversity datasets we hold. Data on disability status, religion or belief and sexual orientation for a large proportion of the professionals on our register is not recorded as historically there were low completion rates or data was not previously collected. We have not presented data for disability status, religion and sexual orientation characteristics as the small numbers would prevent us from

³ We do not currently collect data on gender reassignment, marriage and civil partnership, and pregnancy and maternity.

being able to display and compare many findings. This is something we are working on addressing through our EDI strategy, and we will be in a better position to share that data once we have a more complete dataset.

- For reference, we have provided the composition of the register of pharmacists by each protected characteristic in the charts and tables below. The register data we have used is based on a snapshot of the register taken on the last day of the previous financial year (31 March 2021), so it represents the total number of registrants on the register at the commencement of the given year.⁴ More information on the diversity and protected characteristics of the professionals on our register can be found in the diversity data reports, published on our website.

Data on concerns

- This report focusses on pharmacists only. In 2021/22 there were 56,848 pharmacists on the register. We also regulate pharmacy technicians. However, in 2021/22 there were 24,425 pharmacy technicians on the register and the number of concerns received for this registrant group was significantly lower (88 concerns relating to distinct pharmacy technicians). As the small numbers would prevent us from being able to display and compare many findings, we have not presented data for pharmacy technicians.
- It is worth noting that our report has only focussed on concerns where an individual has been identified.⁵ In 2021/22 we received a total of 3,073 concerns and 874 of these identified a pharmacist. Once we have identified a pharmacy professional, we are then able to link to the diversity data we hold for that individual in our register. We could not identify a pharmacy professional for more than two thirds of the concerns received (over 2,000).
- Furthermore, we may receive more than one concern about the same individual. As this report is about understanding the characteristics of individuals who have been through FtP, we have focussed our analysis on the number of distinct individuals in our FtP in this financial year. Where multiple concerns have been received about the same individual, we have only included them once in our analysis.⁶ Of the 874 concerns about pharmacists in 2021/22, there were 722 distinct individuals which is the total number of concerns on which the following report is based.
- Fitness to practise concerns are not always closed in the same financial year that the concern is first received at the GPhC, so we have separated the report into an analysis of the concerns received in the year 2021/22 and analysis of the concerns closed in the same year. As above, we have focussed the analysis on distinct individuals and multiple concerns about the same individual have only been counted once. This gives a total of 647 concerns closed in 2021/22.
- Fitness to practise concerns can be closed at any stage of the process and with a range of possible outcomes. For simplicity we have distinguished between concerns that closed with a statutory outcome (which includes advice and outcomes imposed by the investigating and fitness to practise

⁴ This date was chosen to ensure that any registrants who may have left or been removed from the register during that year are included in the count.

⁵ We close many concerns before a registered professional has been identified. This may be because we realise the concern received isn't meant for us, we don't have the power to carry out an investigation or we haven't received sufficient information to identify a specific individual.

⁶ Where these concerns were closed at different stages of our FtP process, we have used the concern that progressed furthest for the analysis.

committees) and those that closed with a non-statutory outcome (which includes all concerns closed with no further action and those that closed before reaching investigation committee).

Interpretation of data

- Within **section four** and **section five**, in some cases we have removed categories with small numbers due to the potential for these small numbers to be misleading and open to misinterpretation. It is noted in the analysis where this has occurred.
- In the final analysis outlined in **section six**, in order to meet the data requirements for that analysis, any categories with small numbers were combined. This has been indicated in the charts to represent the combined categories in the statistical analysis. In the sex category, 'Prefer not to say' was removed from the analysis as the count was too small, and there was no count for 'Other' category. It is noted in the analysis where this has occurred.
- Percentages have been rounded to the nearest whole number, so aggregate percentages may not add to 100.
- We continually review our data quality and content of our information to include the most accurate data. For improved data, we retrospectively update figures. This means when comparing this data with previously published data, you may see small changes.
- The report presents counts and percentages for each category. It does not explore causality or correlation amongst the data. Caution should therefore be applied in reaching conclusions based on small differences.
- Our statistical experts, AlphaPlus, supported us to test our findings for statistical significance. The findings were analysed using the chi-squared test (sections four, five and six) and the Fisher's exact test where numbers were less than 5 (sections four and five). Statistically significant findings are indicated in the tables and charts with a pink star (★) and in **bold text** within the narrative. In section six, where a relationship was found, this was further analysed using Cramer's V to test the strength of the association. The significance test tells us that we can be certain that an observed difference (in the sample) represents a true difference (in the population) in the underlying quantity that we are evaluating. Where differences are found to be significant, we can be sure that we are correct in identifying a difference in the population 95 per cent of the time. The finding of significance tells us that a difference is real (it is there in the population, as well as the sample), but it does not tell us how big that difference is. It could be that a significant difference is nonetheless a small difference. Note, a statistically significant finding tells us nothing about the cause.
- It should be noted that the data is complex. There are a wide range of factors that could influence the reason for a concern being raised with the GPhC or a concern progressing through our managing concerns process such as setting, job role, the context of the concern itself, geographical location, and other demographics. Care should be taken in drawing any conclusions based on this data alone.

4. Concerns received and investigated

In this section we have presented the data on concerns received in 2021/22. As mentioned earlier, concerns closed without an individual being identified have been excluded from the analysis.

The tables and charts below show how concerns received, and concerns investigated further, compared with the register, by ethnicity, sex and age.

By ethnicity

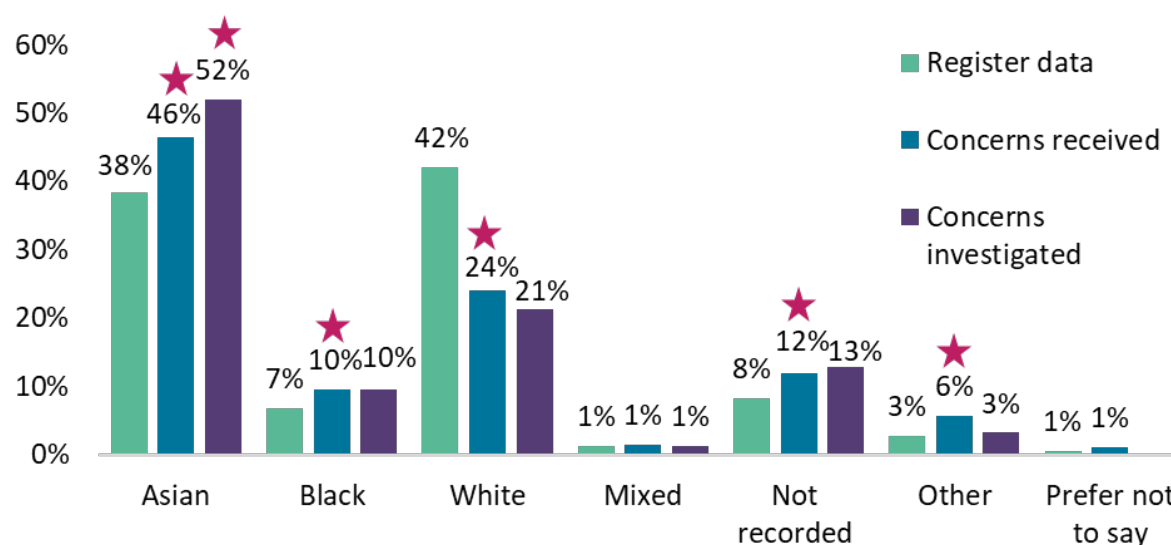
Table 1 and chart 1 below show the ethnic breakdown of all pharmacists identified who had concerns raised about them compared with the ethnic breakdown of pharmacists where the concerns proceeded to investigation. This is shown alongside the ethnic breakdown of the pharmacist register in 2021/22.

Table 1: Count and percentage of concerns received, concerns investigated and register data for pharmacists in 2021/22 broken down by ethnicity

2021/22	Register data	Concerns received where a pharmacist was identified	Concerns investigated
Asian	21,804 (38%)	335 (46%)★	130 (52%)★
Black	3,832 (7%)	69 (10%)★	24 (10%)
White	23,892 (42%)	173 (24%)★	53 (21%)
Mixed	735 (1%)	10 (1%)	3 (1%)
Not recorded	4,713 (8%)	86 (12%)★	32 (13%)
Other	1,540 (3%)	41 (6%)★	8 (3%)
Prefer not to say	332 (1%)	8 (1%)	0 (0%)
TOTAL	56,848 (100%)	722 (100%)	250 (100%)

★ Note: The star indicates a statistically significant result ($p < 0.05$)

Chart 1: Proportion of concerns raised, concerns investigated and register data for pharmacists in 2021/22 broken down by ethnicity



★ Note: The star indicates a statistically significant result ($p < 0.05$)

When compared with the register, a **significantly higher proportion of concerns received were about Asian, Black, other ethnicities and those whose ethnicity was not recorded**. The largest overrepresentation was for Asian pharmacists (46% of concerns compared with 38% of professionals on the register). Conversely there was an **under-representation of White pharmacists for concerns received** compared to the proportion on the register (24% of concerns compared to 42% on the register). **All of these findings were statistically significant indicating that there is a relationship between ethnicity and concerns received for those groups.**

Once a concern was being progressed by the GPhC the differences reduce. The proportions of each ethnic group being investigated is broadly similar to the proportion of concerns received about each group with the exception of **Asian pharmacists where there is continued statistically significant overrepresentation in investigations** (52% of concerns investigated compared with 46% of concerns received).

By sex

Table 2 and chart 2 below show the sex of all pharmacists identified who had concerns raised about them compared with the sex of pharmacists where the concerns proceeded to investigation.⁷ This is shown alongside the sex breakdown of the pharmacist register in 2021/22.

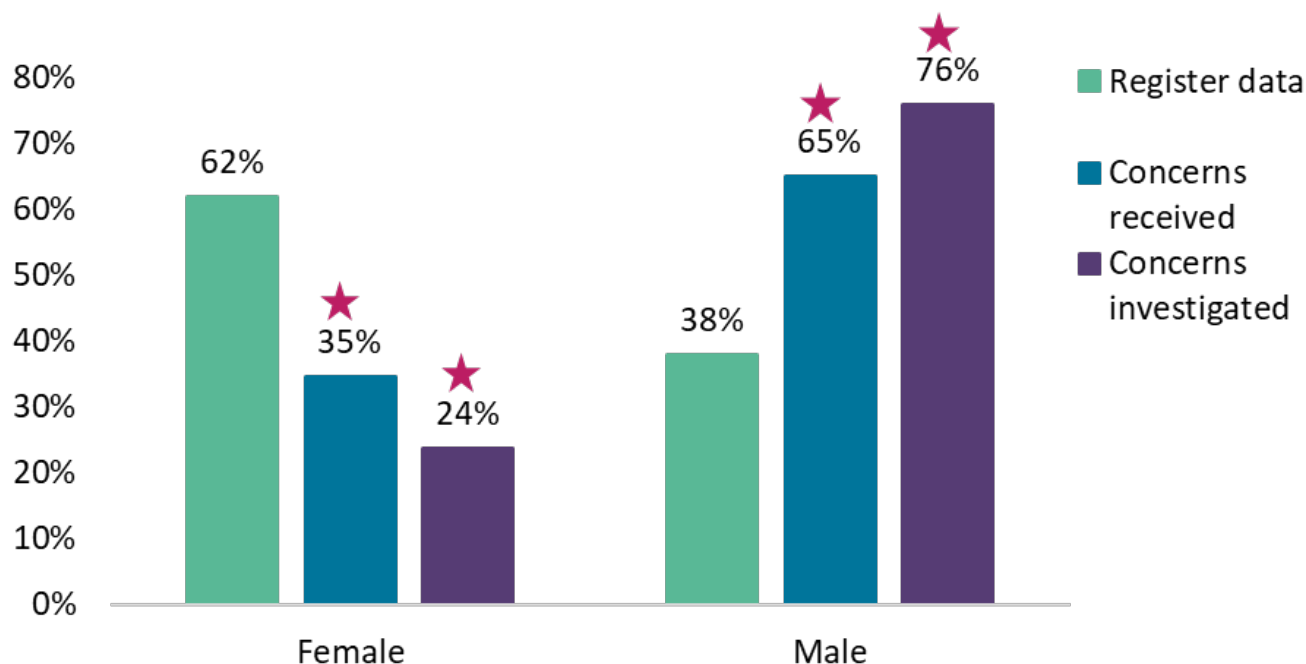
Table 2: Count and percentage of concerns received, concerns investigated and register data for pharmacists in 2021/22 broken down by sex

2021/22	Register data	Concerns received where a pharmacist was identified	Concerns investigated
Female	35,243 (62%)	249 (35%)★	59 (24%)★
Male	21,529 (38%)	470 (65%)★	190 (76%)★
Prefer not to say	67 (<1%)	3 (<1%)	1 (<1%)
Other	9 (<1%)	0 (0%)	0 (0%)
TOTAL	56,848 (100%)	722 (100%)	250 (100%)

★ Note: The star indicates a statistically significant result ($p < 0.05$)

⁷ For sex, the 'prefer not to say' category includes any registrants whose sex was not recorded at the time of registration.

Chart 2: Proportion of concerns raised, concerns investigated and register data for pharmacists in 2021/22 broken down by sex⁸



*Note: The star indicates a statistically significant result ($p < 0.05$)

When compared with the register, a **significantly higher proportion of concerns received were about male pharmacists** (65% of concerns compared with 38% of professionals on the register). This was accompanied by an equivalent **under-representation of female pharmacists with concerns received**.

Once a concern was being progressed by the GPhC, there is **continued overrepresentation of male pharmacists being subject to an investigation** (76% of concerns investigated compared with 65% of concerns received) and an **under-representation of female pharmacists in investigations** (24% of concerns investigated compared with 35% of concerns received). **All these findings were statistically significant indicating that there was a relationship between sex and concerns received and investigated.**

By age

Table 3 and chart 3 below show the age group of all pharmacists identified who had concerns raised about them compared with the age group of pharmacists where the concerns proceeded to investigation.⁹ This is shown alongside the age group of the pharmacist register in 2021/22.

⁸ 'Prefer not to say' and 'other' categories have been removed as all instances in these categories were rounded to 0%.

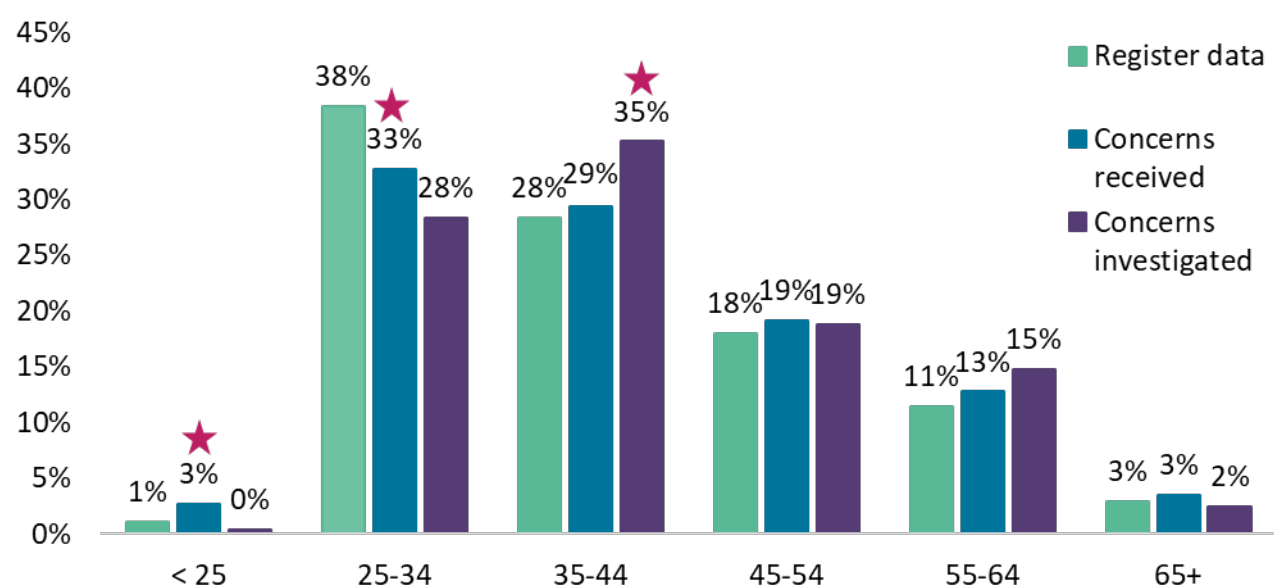
⁹ For age, we have used the age of the individual on the date that the concern was received.

Table 3: Count and percentage of concerns received, concerns investigated and register data for pharmacists in 2021/22 broken down by age

2021/22	Register data	Concerns received where a pharmacist was identified	Concerns investigated
< 25	606 (1%)	19 (3%)★	1 (<1%)
25-34	21,819 (38%)	236 (33%)★	71 (28%)
35-44	16,090 (28%)	212 (29%)	88 (35%)★
45-54	10,234 (18%)	138 (19%)	47 (19%)
55-64	6,478 (11%)	92 (13%)	37 (15%)
65+	1,621 (3%)	25 (4%)	6 (2%)
TOTAL	56,848 (100%)	722 (100%)	250 (100%)

★ Note: The star indicates a statistically significant result ($p < 0.05$)

Chart 3: Proportion of concerns raised, concerns investigated and register data for pharmacists in 2021/22 broken down by age



★ Note: The star indicates a statistically significant result ($p < 0.05$)

The proportion of each age group with a concern about them is similar to the proportion on the register. When statistical tests were applied, it was found that **25-34 year olds were under-represented in concerns received** (38% of the register but only 33% of concerns raised) and those aged **under 25 were over-represented** (1% of the register but 3% of concerns).

Once a concern was being processed by the GPhC, there is further underrepresentation of 25-34 year old pharmacists (28% of concerns investigated compared with 33% of concerns received) and conversely an **overrepresentation of 35-44 year olds in investigations** (35% of concerns investigated compared with 29% of concerns received). **However, only the latter of these was found to be significant when statistical tests were applied.**

5. Outcome of concerns

In this section we have presented the data and analysis of concerns closed in 2021/22 together with the outcome of those concerns.¹⁰ It is important to note that these are not the same as the concerns received and investigated as outlined in the previous section as concerns may not necessarily be closed in the same year that they are received by the GPhC.

For simplicity, we have grouped the outcomes into two categories - statutory outcome (which includes advice and outcomes imposed by the investigating and fitness to practise committees) and non-statutory outcome (which includes all concerns closed with no further action and those that closed before reaching investigation committee). **See appendix.**

The tables and charts below show how concerns closed with a statutory outcome compared with all concerns closed by ethnicity, sex and age.

Please note that caution should be made in drawing any conclusions from this as the number of statutory outcomes for any group is small (see tables 4, 5 and 6).¹⁰

By ethnicity

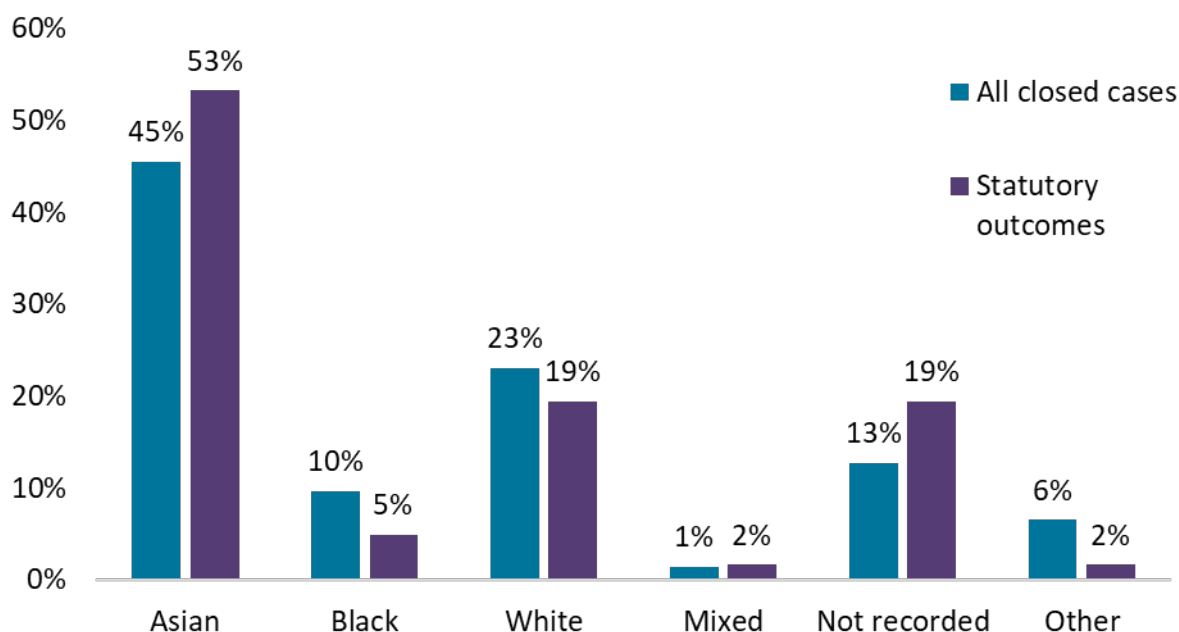
The table and chart below show the ethnicity of pharmacists who had concerns closed in 2021/22 compared with the proportion that received statutory outcomes. This is shown alongside the ethnic breakdown of the pharmacist register in 2021/22.

Table 4: Count and percentage of concerns closed and statutory outcomes for pharmacists in 2021/22 broken down by ethnicity

2021/22	All closed concerns	Statutory outcomes
Asian	294 (45%)	33 (53%)
Black	62 (10%)	3 (5%)
White	149 (23%)	12 (19%)
Mixed	9 (1%)	1 (2%)
Not recorded	82 (13%)	12 (19%)
Other	42 (7%)	1 (2%)
Prefer not to say	9 (1%)	0 (0%)
TOTAL	647 (100%)	62 (100%)

¹⁰ As with the earlier analyses, concerns closed without an individual being identified have been excluded.

Chart 4: Proportion of concerns closed and statutory outcomes for pharmacists in 2021/22 broken down by ethnicity¹¹



When compared with the total number of concerns closed in 2021/22, a higher proportion of statutory outcomes were about Asian pharmacists (53% of statutory outcomes and 45% of concerns closed). The opposite is true for Black pharmacists (5% of statutory outcomes compared with 10% of concerns closed) and White pharmacists (19% of statutory outcomes compared with 23% of concerns closed). However, when tested for statistical significance, there was **no statistically significant relationship between ethnicity and the outcome of the managing concerns process.**

By sex

The table and chart below show the sex of pharmacists who had concerns closed in 2021/22 compared with the proportion that received statutory outcomes. This is shown alongside the sex breakdown of the pharmacist register in 2021/22.

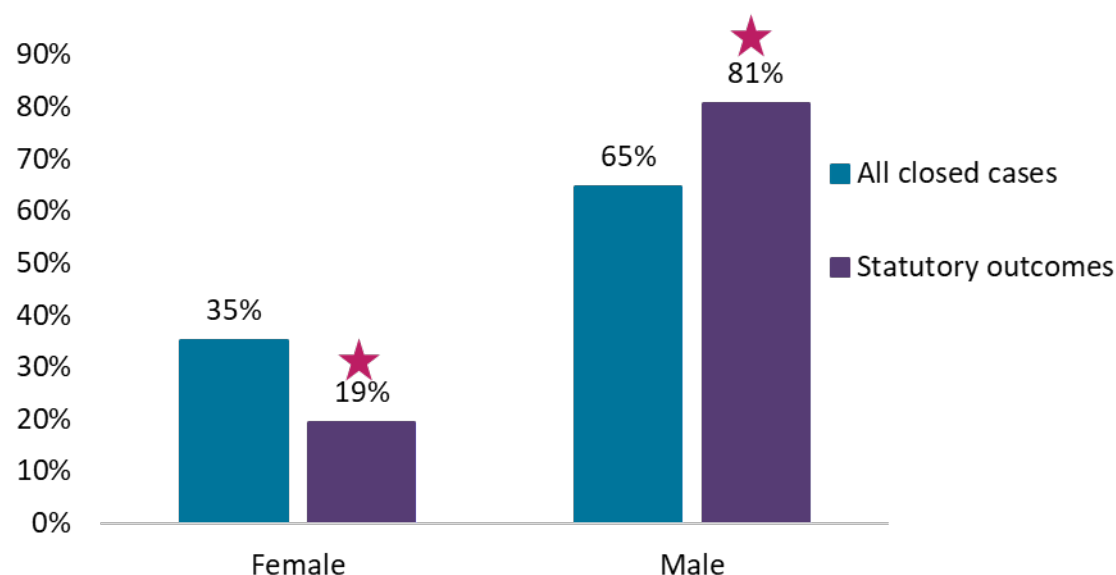
Table 5: Count of pharmacists who had concerns closed in 2021/22 and those that received statutory outcomes broken down by sex

2021/22	All closed concerns	Statutory outcomes
Female	227 (35%)	12 (19%)★
Male	419 (65%)	50 (81%)★
Prefer not to say	1 (<1%)	0 (0%)
Other	0 (0%)	0 (0%)
TOTAL	647 (100%)	62 (100%)

★ Note: The star indicates a statistically significant result ($p < 0.05$)

¹¹ 'Prefer not to say' category had no statutory outcomes and so has been removed from the statistical analysis.

Chart 5: Proportion of concerns closed and statutory outcomes for pharmacists in 2021/22 broken down by sex¹²



★ *Note: The star indicates a statistically significant result ($p < 0.05$)*

When compared with the total number of concerns closed in 2021/22, a considerably **higher proportion of statutory outcomes were for male pharmacists** (81% of statutory outcomes and 65% of concerns closed). It follows that the reverse is true for **female pharmacists who were under-represented when receiving statutory outcomes**. When statistical tests were applied, both these findings were **statistically significant indicating there was a relationship between sex and outcome of the managing concerns process**.

By age

The table and chart below show the age group of pharmacists who had concerns closed in 2021/22 together with the proportion that received statutory outcomes.¹³ This is shown alongside the age breakdown of the pharmacist register in 2021/22.

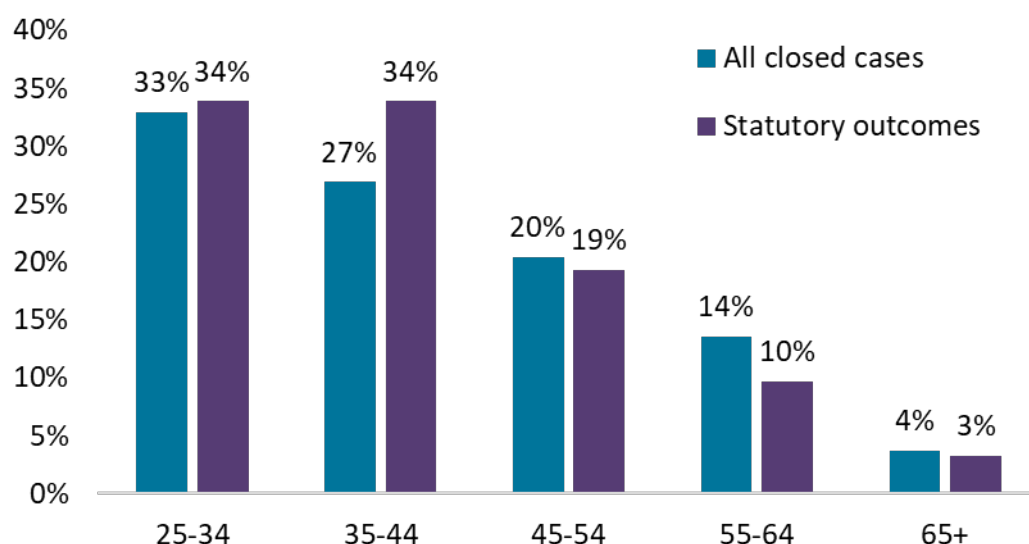
¹² 'Prefer not to say' and 'other' sex categories have been removed from the statistical analysis due to small or null numbers.

¹³ For age, we have used the age of the individual on the date that the concern was received.

Table 6: Count and percentage of concerns closed and statutory outcomes for pharmacists in 2021/22 broken down by age

2021/22	All closed concerns	Statutory outcomes
< 25	16 (2%)	0 (0%)
25-34	213 (33%)	21 (34%)
35-44	174 (27%)	21 (34%)
45-54	132 (20%)	12 (19%)
55-64	88 (14%)	6 (10%)
65+	24 (4%)	2 (3%)
TOTAL	647 (100%)	62 (100%)

Chart 6: Proportion of concerns closed and statutory outcomes for pharmacists in 2021/22 broken down by age¹⁴



When compared with the total number of concerns closed in 2021/22, the proportion of statutory outcomes for most age groups was similar to the proportion of concerns closed. The exceptions were 35–44-year-old which accounted for 27% of concerns closed but 34% of statutory outcomes and 55-64 years-olds where the opposite was true and there was a lower of proportion of statutory outcomes (10%) compared with the proportion of concerns closed (14%). However, when tested for statistical significance, there was **no statistically significant relationship between age and the outcome of the managing concerns process**.

¹⁴ The 'under 25' age group had no statutory outcomes in year 2021-22, and therefore was removed from the statistical analysis.

6. Progression through managing concerns

In this section we have looked at the data from section five in greater detail to understand whether there is any relationship between protected characteristics and the stage at which concerns are closed. NB. The data presented relates to concerns closed in 2021/22.

For each protected characteristic we have presented the data analysed within each group, showing at which stage the concern was closed as a percentage of **all concerns for that group**. This analysis enables us to see more clearly what is happening for a specific group and to identify any relationship between the group and progression through the managing concerns process.

NB. The number of concerns closed at IC and FtPC is small. In order to apply the statistical tests, the numbers closed at IC and FtPC have been combined throughout this section. In some instances, group categories were combined to meet the data requirements for the statistical tests. Where this was the case, it is indicated in the charts.

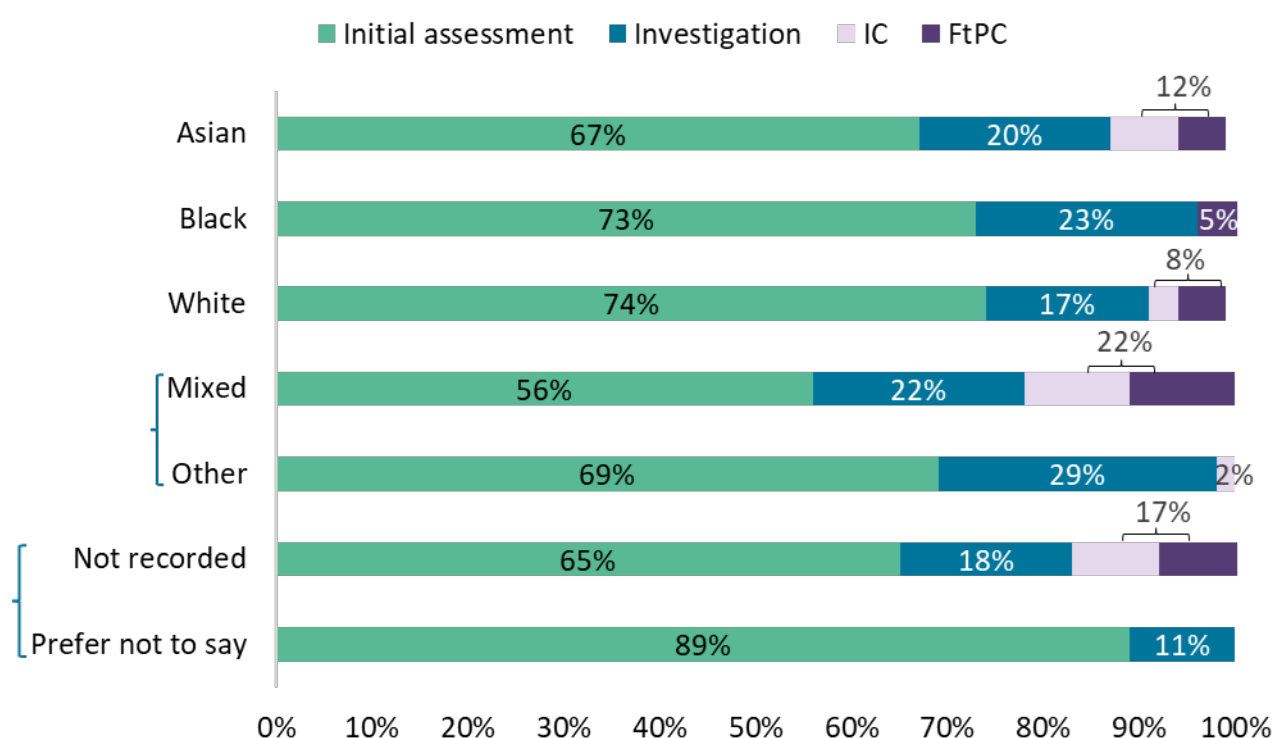
By ethnicity

Table 7 and chart 7 below show the proportion of concerns closed in 2021/22 at each stage of the fitness to practise process **within** each ethnic group.

Table 7: Count and percentage of concerns closed in 2021/22 for pharmacists from each ethnic group broken down by stage of the managing concerns process

2021/22	Initial assessment	Investigation	IC + FtPC combined	All closed concerns
Asian	198 (67%)	60 (20%)	36 (12%)	294 (100%)
Black	45 (73%)	14 (23%)	3 (5%)	62 (100%)
White	111 (74%)	26 (17%)	12 (8%)	149 (100%)
Mixed	5 (56%)	2 (22%)	2 (22%)	9 (100%)
Other	29 (69%)	12 (29%)	1 (2%)	42 (100%)
Not recorded	53 (65%)	15 (18%)	14 (17%)	82 (100%)
Prefer not to say	8 (89%)	1 (11%)	0 (0%)	9 (100%)

Chart 7: Proportion of concerns closed in 2021/22 for pharmacists from each ethnic group broken down by stage of fitness to practise process¹⁵



Across all ethnicities the vast majority of concerns are closed either at initial assessment or at the investigation stage. A higher proportion of concerns involving White pharmacists (74%) and Black pharmacists (73%) are closed at initial assessment than Asian pharmacists (67%). When tested for statistical significance, there was **no statistically significant relationship between ethnicity and the stage of the managing concerns process at which it was closed.**

By sex

The table and chart below show the proportion of concerns closed in 2021/22 at each stage of the managing concerns process **within** each sex.

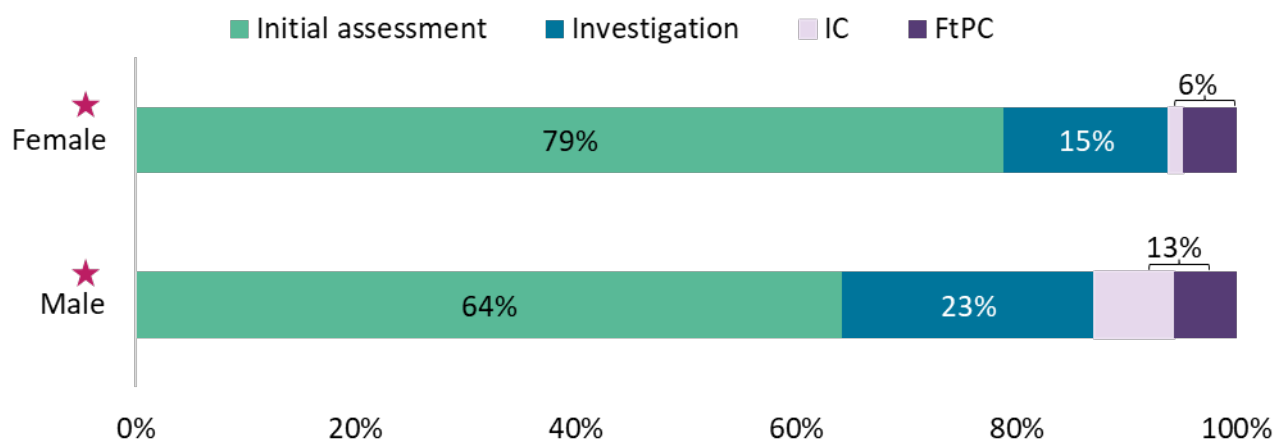
Table 8: Count and percentage of concerns closed in 2021/22 for pharmacists from each sex group broken down by stage of the managing concerns process

2021/22	Initial assessment	Investigation	IC + FtPC combined	All closed concerns
Female★	179 (79%)	34 (15%)	14 (6%)	227 (100%)
Male★	269 (64%)	96 (23%)	54 (13%)	419 (100%)
Prefer not to say	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Other	0 (0%)	0 (0%)	0 (0%)	0 (100%)

★ Note: The star indicates a statistically significant result ($p < 0.05$)

¹⁵ 'Mixed' and 'Other' ethnicities, as well as 'Not recorded' and 'Prefer not to say' categories were combined respectively for the analysis due to small numbers, in order to meet data requirements for the statistical test analysis.

Chart 8: Proportion of concerns closed in 2021/22 for pharmacists from each sex group broken down by stage of managing concerns process ¹⁶



★ Note: The star indicates a statistically significant result ($p < 0.05$)

It can be seen from this analysis that 21% of concerns about female pharmacists progress beyond initial assessment. For male pharmacists the equivalent figure is 36%.

Of the concerns that progressed beyond the initial assessment, the proportion of concerns that were closed at investigation was higher for male pharmacists than it was for female pharmacists (23% compared with 15%). A higher proportion of concerns about male pharmacists progressed to the final stages (IC and FtPC) than for female pharmacists (13% for males and 6% for females).

When tested for statistical significance, a relationship between the sex of a pharmacist and the stage at which concerns are closed was found. This relationship was further analysed using Cramer’s V test for effect size which showed a **weak association of this statistically significant relationship between sex and stage of managing concerns process.**

By age

The table and chart below show the proportion of concerns closed in 2021/22 at each stage of the managing concerns process **within** each age group.¹⁷

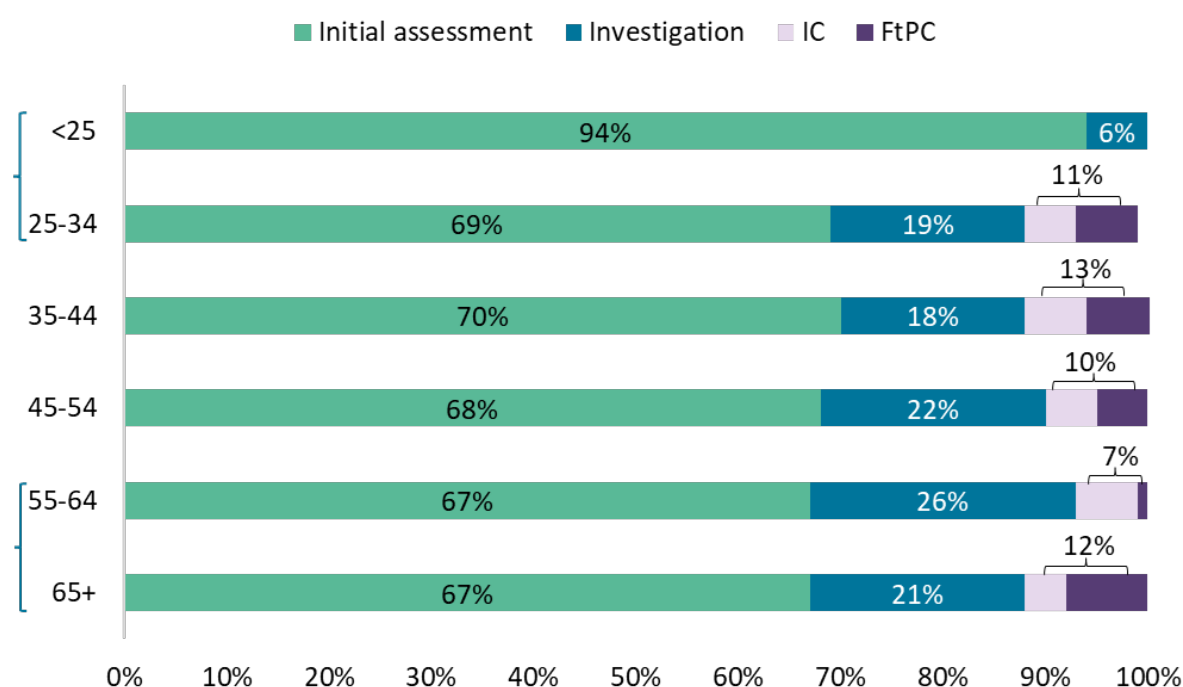
¹⁶ ‘Prefer not to say’ and ‘other’ sex categories has been removed due to small numbers and lack of statistical analysis applied. Please note there were no pharmacists identifying as ‘other’ going through managing concerns process in 2021/22

¹⁷ For age, we have used the age of the individual on the date that the concern was received.

Table 9: Count and percentage of concerns closed in 2021/22 for pharmacists from each age group broken down by stage of the managing concerns process

2021/22	Initial assessment	Investigation	IC + FtPC combined	All closed concerns
< 25	15 (94%)	1 (6%)	0 (0%)	16 (100%)
25-34	148 (69%)	41 (19%)	24 (11%)	213 (100%)
35-44	121 (70%)	31 (18%)	22 (13%)	174 (100%)
45-54	90 (68%)	29 (22%)	13 (10%)	132 (100%)
55-64	59 (67%)	23 (26%)	6 (7%)	88 (100%)
65+	16 (67%)	5 (21%)	3 (13%)	24 (100%)

Chart 9: Proportion of concerns closed in 2021/22 for pharmacists from each age group broken down by stage of managing concerns process¹⁸



For pharmacists of all age groups 25 and over, just over two-thirds of concerns are closed at initial assessment (between 67-70%). There are very few concerns about pharmacists aged under 25 but almost all of these are closed at initial investigation (94%).

The proportion of concerns closed at investigation showed slightly more variation with higher proportions of pharmacists aged 45-54 and 55-64 having their concerns closed at the investigation stage (22% and 26% respectively). The proportion of pharmacists progressing to the final stages (IC and FtPC) was similar across the age groups with the exception of 55-64 year olds where only 7% progressed to these later stages. However, when tested for statistical significance, there was **no statistically significant relationship between age and the stage of the managing concerns process at which it was closed.**

¹⁸ 'Under 25' and '25-34', '55-64' and '65 and more' age groups were combined respectively for the analysis due to small numbers, in order to meet data requirements for the statistical test analysis.

7. Summary by protected characteristics

Figure 1: Summary of all findings by protected characteristics

Ethnicity

Relationship:

- Under-representation of White pharmacists in concerns received.
- Over-representation in concerns received about all other ethnicities with exception of Mixed and prefer not to say.
- Over-representation of Asian pharmacists in concerns that go on to be investigated.

No relationship:

- No relationship between ethnicity (except Asian) and concerns that go on to be investigated.
- No relationship between ethnicity and statutory outcomes for pharmacists.
- No relationship between the ethnicity of the pharmacist and the stage at which concerns are closed.

Sex

Relationship:

- Under-representation of female pharmacists in concerns received and over-representation in concerns received about males.
- Further under-representation of females and over-representation of males in concerns that go on to be investigated.
- Under-representation of female pharmacists and over-representation of male pharmacists receiving statutory outcomes.
- (Weak) relationship between the sex of the pharmacist and the stage at which concerns are closed.

Age

Relationship:

- Over-representation of pharmacist under the age of 25 in concerns received and under-representation in concerns received about those aged between 25-34.
- Over-representation of pharmacists aged between 35-44 in concerns that go on to be investigated.

No relationship:

- No relationship between other age groups and concerns received and investigated.
- No relationship between age and statutory outcomes for pharmacists.
- No relationship between the age of the pharmacist and the stage at which concerns are closed.

8. Next steps

This analysis has demonstrated that there is some disproportionality in the numbers of pharmacists going through the managing concerns process based on the protected characteristics of ethnicity, sex and age. The statistical tests we have applied have shown where a relationship exists (one that is not just a result of chance) but this does not indicate causality. We plan to do more to understand the patterns that this report has highlighted, and further exploration of factors that may be involved in determining the likelihood of different individuals going through managing concerns process is required.

The cover paper to this report gives more information about what we plan to do and what work is already underway to minimise the possibility of bias in our regulatory activities.

Appendix: Our approach to managing concerns about pharmacy professionals

Figure 2: Infographic outlining our approach to managing concerns about pharmacy professionals

